should of OCC	1	County Harford Village or City Head	
. 0 /		Village or City	yrs.
PHYSICIANS ct statement		2. FULL NAME Maggie I.	216
HYS t sta		(a) Residence: No. (Usual place of all	
. PF Exact	-	PERSONAL AND STATISTICAL PARTICU	LARS
7	3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIEL OR DIVORCED (2)	orite the word)
X A C T L classified.	56	. If married, widowed or divosced HUSBANO of (or) WIFE of John Fallbrigh	lot
E X y cl	6.	DATE OF BIRTH (month, day, and year) July 9	1875
stated E	7.		If LESS than day,h
be st	NOI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ife
nould	OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
E sk	- -	10. Oate deceased last worked at this occupation (month and year) 11. Total time (spent in occupation)	this
20	12	(State or country)	′
plie	ER	13. NAME Robert & Frolipe	xw
carefully supplied.		14. BIRTHPLACE (city or town) Solto (State or country)	
efull in pl	HER	15. MAIDEN NAME Mary C Berr	4
d be careful DEATH in p	MOT	16. BIRTHPLACE (city or town) (State or country)	J
P C	1 4 -	INFORMANT Raymond alling (Address)	let
	2	BURIAL, CREMATION, OR REMOVALE Place Jodannic Date May	7,1939
CAUSE		UNOERTAKER SKURF HAVE	ma

1. PLACE OF DEATH

05038

STATE OF MARYLA	AND-CERTIFICATE OF	F DEATH UDUSS
Harford -	(23)	Registration Dist. No. 183
in city or town where death occurred 31_yrs maggie 1. a	No. (If death occurred in a hospital or institution,	St.,Ward give its NAME instead of street and number) sign birth?yrsmosds.
0. (Usual place of abod	St., Ward.	If nonresident give city or town and State
AND STATISTICAL PARTICULA	ARS MEDICAL CER	TIFICATE OF DEATH
olor or RACE 5. SINGLE, MARRIED, V OR DIVORCED (write	e the word)	nonth) (Day) , 193 (Year)
hu Falbrigh	22. THEREBY C	(16.10) 5 321
9 25 Ida	LESS than y,hrsmin. were as fallows:	
or particular one, as SPINNER, KKEEPER, etc.	le dilmina	Date of onset
ss in which , es SILK MILL, NK, etc		/1/27/
worked at (month and spent in this occupation	is —	33
wn) Bolto co mo	Other Contributory Canses of important	e:
steet & Frolipa	w	
or town) Laboratory) Jud	Name of operation	Date of Was there an au'opsy?
mary C Gerre or town) mod. ymond albugh	23. If death was due to external causes (Accident, suicide, or homicide? Where did injury occur?	
RREMOVALLE Date May	Manner of injury Nature of injury	
Janethouse Plan	24. Was disease or injury in eny way re If so, specify (Signed)	Plated to occupation of deceased? My M. D.
If more blanks are needed address	Registrar. (Address)	12 Alfly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, unchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
.IUN II 1934	1		
Other contributory causes of importance. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Farfard Thin court Village pr City Habere de Grace	ND. No. Naskital St., Ward
Length of residence in city of town where death occurred yrs, mos	death occurred in a hospital opynistitution, give its NAME instead of street and number)
2. FULL NAME Grases Orm	strong,
(a) Residence: No. Bel Que M (Usual place of abode)	ASt., - Ward If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Terror of the word) 5a. If marriad, widowed, or divorced HUSBAND of	21. DATE OF DEATH May 23 , 193 4 (Year)
(or) WIFE of minknown	22. I HEREBY CERTIFY. That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Unknown 1884	I last saw h. e.f. alive on May 23/, 1994; death is said
7. AGE Years ? Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	ware as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this coccupation (month end	Bulmony Interculois
10. Data deceasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
□ 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Drave de Grace Margital (Address) Naore de Grace, Pha.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL / Lill Date May 25, 19-34	Manner of injury
19. UNDERTAKER Dear + Faster (Address) Bel Um MA.	24. Was diseasa or injury in any way related to occupation of deceased? 20
20. FILED May 24, 1934 Charles J. Faley, N. D. Registrer.	(Signed) The Aleign M. D. (Address) Lama 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributor Gallstones May 1,1923 Gastroenteritis 1 year

B

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(23)
County Harbord	Registration Dist, No. 185
Village or City Agree de Sueri (II	death occurred in a hospital or institution, give its NAME, instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Johnny Banks	
(a) Residence: No.) Chiffelian (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Office Office OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Banks	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) CASTIS 57 1901	I last saw h Alekalive on 2004 5 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
30 grs / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Labour SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or business in which	Jayrarian
work was done, as SILK MILL, SAW MILL, BANK, etc	7/2 - SAULT NATE
kind of work done, as SPINNER, Day Latrus SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year)	All The Villag
	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	HEUNGARD HE STEEL
	John Jung Jung growing
13. NAME, Plane Jahrs 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) / wyma	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME RASE WAYS 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Parguna	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ms. Aslian Banks. (Address) Gurden R. F. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Calvey Comely Date May: 17, 1924	Nature of injury
19. UNDERTAKER Henry Laving I Lond	24. Was disease or injury in any way related to occupation of deceased?
(Address) falledign mol	If so, specify
20. FILED May 16, 184 Charles of Foley a. D.	(Signed) M. D.
// Registrar.	" (Audiess) - E - L. F.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ate of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
Iau 1 1998	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car dy 5,1927 Peritonitis Other contributory causes of importance:

ż

20, FILED May

STAT

1. PLACE OF DEATH

E	OF	MARYLAND-CERTIFICATE	OF	DEATH	
---	----	----------------------	----	-------	--

05041

	(10)		1	80
		Registration	Dist. No.	82
No.			St.	Ward
death occurred in	a hospital or institu	tion, give its NAMI	E instead of street as	nd number)
ds. H	low long in U.S. if o	of foreign birth?	угз	"mosds.
St.,	Ward.		n n	
	22-0	If nonresident	give city or town	and State
	MEDICAL C	ERTIFICATE	OF DEATH	
21 DATE	OF DEATH			
ZI. DAIL	OF DEATH	Mari	575	11
		(Month)	(Day)	(Year)
		((50)	(1041)
22.	HEREBY	CERTIF	Y, That I attend	ed deceased from
Mac	5"	, 1934, to 1		1034
11.1	. /	0 - 1	_ /	
I last saw h_R	alive on	may o	19.3	death is said
to have occurr	ed on the date state	ed above, al4	Pe-m.	
The PRINCIPA	L CAUSE OF DEAT	TH and related caus	es of importance	
were as follow	vs:		1 1	Date of onset
JyK		durm		ग्राठ-
-1020	a aus	sthesi	b -	
7		200		
V				
	,			
Other Contribu	utary Causes of impo	ortance:		
Pan	Vern:1		Treech	
5101	The state of the s			2 -1 1
Janes.	KICKAJIO	The form	us.	alten
aud:	duaday	top the	Tung o	leun D
Name of opera	tion to da	eliver	Date of	
				Ala
what test confi	irmed diagnosis?		Was there a	n autopsy?/
23. If death was	due to external cau	ises (VIOLENCE) fil	I in also the follow	ing:
Accident, suici	de, or homicide? —		Date of injury	Ta
				47
	iry occur?	(Specify city or	town, county and S	itate)
Specify whether	er injury occurred in	INDUSTRY, In HO	ME, or in PUBLIC	PLACE.
Mannan of '-1				
Manner of inju	ry			
Nature of injus	y			
24. Was disease	or injury in severe	ay related to occupa	tion of decomes 42	-//0-
		ay related to occupa	tion of deceased?	
If so, specify	17	1	301	2
(Signed)	4.1.1	Jank	1000	-R. M. D.
14	ddrawn / -	1.16) 1	11 4

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

1 day,____hr

or min.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

BUREAU V. S

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

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Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	n of infor-	ould state	OCCUPA.	
	iten	s sh	of	
38	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	'RE	Y.]	Exa	
ARGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.	
(B)	PE	d E	erly	rate
FOF	IS A	state	prop	Partifi
ED	HIS	be	, be	o ju
ERV	K	should	t may	hanl
RES	G IN	GE s	that i	ne or
Z	NION	d. A	, 80 t	oitou.
ARG	INF	pplie	erms	inetr
9	LH L	ly su	lain (Coo
	WI	reful	in p	ant
•	PLAINLY,	ould be cal	F DEATH	TION is vory important Soo instructions on book of cortificate
	TLE	on sl	SE (N. S.
fo. 1	W-W	mati	CAL	TIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	940		
County Harford	Registration Dist. No.		
Village or City Benson Mid	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where deeth occurred 51_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME De Saviel J. Be	uson		
(a) Residence: No. Belain Mid.	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Colut S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 / (Menth) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curra Reynolds Benson	I HEREBY CERTIFY. Thet i attended deceased from		
21 15-51			
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	~ 4° ~		
76 11 2 1 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance		
Ormin.	were as follows:		
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	myun lectres		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and			
SAW MILL, BANK, etc			
this occupation (month and spent in this occupation occupation			
3/ 1 00	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Tarford (State or country)			
13, NAME Cours Beres			
E	A		
14. BIRTHPLACE (city or town)	Name of operetion Date of Whet test confirmed diegnosis? Wes there an autopsy?		
	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:		
15. MAIDEN NAME alin. Jucker	Accident, suicide, or homicide? Date of injury 19		
16. BIRTHPLACE (city or town)	Where did injury occur?		
17. INFORMANT Mrs Cyal Bernon	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) Bewen mck 18. BURIAL, CREMATION OR REMOVAL			
Place Fallaton French Date Jun 3 , 1934	Manner of injury		
19. UNDERTAKER Dean V Foster	24. Was disease or injury in eny way related to occupation of deceased?		
(Address) Belag my	If so, specify		
20. FILE June 2, 1934 n. E. Cichardson. Registrar.	(Signed) Curry M. M. (Address) A Curry Wille had		
If more blanks are needed address State Parish and	N. Chada Chada Chada Balaina Banana 171 C. Ma		

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Example I

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy. 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ann Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on hack of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
County Starford	Registration Dist. No. 184
Village or City Castleton	NoSt.,Ward
V 1	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2000	
2. FULL NAME TOVOW IT BOY	49
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, and diversal HUSBAND of	
(or) WIFE of Con D. Bond.	22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 9, 1934
6. DATE OF BIRTH (month, day, and year) Qua, 22 1857	I last saw h La alive on 22 and 1 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm,
82 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	214 1
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	18 Wal regurgilation
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1922) 11. Total tima (years) 4, spent in this	
year) occupation (month and 432 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Castleton	Office Conditionary Causes of Importance.
(State or country) Starford Co., Mid	
13. NAME Stenry Origan	
13. NAME Try Brigger 14. BIRTHPLACE (city or town) Starford Cr.)	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME HOVILLE Staines 16. BIRTHPLACE (city or town) Civil Co. 1 (State or country)	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MOUN BOND St. Baltimer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A M. 12	Manner of injury
Place Forannalin Date 1231934	Nature of injury
19. UNDERTAKER St. Bailey (Address) Dayling Bailey	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 10, 19 5 4 M. Or, Kirk	(Signed) F Type C Type M.D. (Address) A Orall For Type C
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1004			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-1 2 3. S mation should be carefully supplied. AGE should be stated EXACTLY. 1 CAUSE OF DEATH in plain terms, so that it may be properly classified. 5a. ARGIN RESERVED FOR BINDING 6. D TION is very important. See instructions on back of certificate. OCCUPATION 12. MOTHER FATHER 17. 18. 19. V. S. No. 1 20.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
PLACE OF DEATH	95.2
County Herford Cov	Registration Dist. No. 182
Village or City Bellen Ma	Ho (Joppa, W. Bol aw) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where daath occurredyrs,mee	
FULL NAME John Porter Bus	the and
(a) Residence: No. (1507 M. Washington St., (Usual place of abode)	St. Ballystorly Ida. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF, DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Pear)
If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That 1 attended dacaasad from
was been been been ball	last saw alwa on 19 death le said
ATE OF BIRTH (month, day, and yaar) W. M. W. W. W. GE GE Yaars Months Days If LESS than	to have occurred on the data stated above, at
6 l day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Unkrenen
9. Industry or business in which	5 Who down Oudeas.
work was done, as SILK MILL, Showing Shore	Tankers near attack
10. Dato deceased last worked at this occupation (month and spenting this	later?
yaar) occupation	Other Castributory Causes of importance:
BIRTHPLACE (city or town) Vollace	
(Stata or country)	
13. NAME turben James Burke	
14. BIRTHPLACE (city or town) Toland	Name of oparation Data of
(Stata or country) 15. MAIDEN NAME Mary Mc Mamar	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Such man ne Mamar	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ten N. Jersely (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Edulity)	Where did injury occur? (Specify city or town, county and State)
(Address) 307 M. Washington I	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL BOOLING	Manner of injury
Place Wood aun Cesastery Date May 7, 1934	Nature of injury
UNDERTAKER Mills Heyry VSm. (Address) 20 No Orlendo St	24. Was disease or injury in any way related to occupation of decaasad?
FILED May 4 , 1934 Verginia Chambers	(Signad) Chills - Chilles - M. D. (Address) - Belan Inc.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN	Į

or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05045
state UPA	1. PLACE OF DEATH	(81-0)
ould OCC	County Yacobo	Registration Dist. No.
should of OCC	Village or City Jopka	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residence in pily or town where death occurredyrsmos	ds. How long in U.S. N of foreign birth?yrs mos ds
CORD. Every PHYSICIANS ict statement	2. FULL NAME Thomas an	il
D. SIC	(a) Residence: No.	St., Ward.
RECORD PHYS Exact sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO. PH Exact	3. SEX 4. 90,00 OF RACE 19. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ALL
FX	Male Coloud OR DITOGED (write the word)	(Month) (Day) (Year)
NE C T ifed	5a. If married, widowed, or divorced HUSBANO of (cgr) WHF of	22. OI HEREBY CERTIFY, That I attended deceased from
A A ass	(ar) Miller Carrel	18 1934 10 May 12 1934
	6. DATE OF BIRTH (month, day, and year) Was 1. 18 50	Hast saw him alive on Mery 11 1984; death is said
d P ed ed berly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 2 m
IS A PE stated E properly certificate.	54 - // 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
70	8. Trade, profession, or particular kind of work done, as SPINNER,	A
=	SAWTER, BUUNNEEPER, etc.	Certified Harmonhoen The
KK_T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and the constraint of the constraint).	Vorogram 1440m on voga ons
Sh sh	10. Oate deceased last worked at this occupation (month and spent in this	1
AGE that	year) occupation	Other Contributory Causes of importance:
NFADING pplied. AGF erms, so that instructions	12. BIRTHPLACE (city or town)	Other Condition of Canada of Importance.
ed. is, structruct	(Slate or country) Atlanton Co, Mec.	
UNFA supplied n terms, ee instru	13. NAME fra 14. BIRTHPLACE (city or town)	
	14. BIRTHPLACE (city or town)	Name of operation
FE	(Stata of Country)	What test confirmed diagnosis? Was there an autopsy?
W refu	15. MAIOEN NAME Jassell Chus 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
LY, WI careful TH in portant.	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?0ate of injury,19
N o N I	M. Iddi II	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Should Off Dis very	17. INFORMANT AND CHARLES CARRIED (Address)	Specify whether injury occurred in industry, in nome, of in Poblic Place.
	18. BURIAL CREMATION, OR REMOVAL O Ceru	Manner of injury
E 6	Place louptern lot Dale May 13, 19 3f	Natura of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKE Saraberles & Frost.	24. Was disease or injury in any way solated to occupation of Seceased?
LEOF	(Addiess) Bulloon, Jud	If so, specify Aff- A Market
= (T)	20. FILED May 13, 1994 912 Richardson	(Signed) MUM WM
A	Registrar.	(Address) Edg Eword Wal
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Nd. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05045

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ä ż

. PLACE OF DEATH		93-20	0001
County Hurford to	~ 	Registration Dist. No. / S	12
Village or City Harfare	lles Henne	NoSt.,	Wa
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME for	us elifo	201.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
mule whit	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH May 22 (Month) (Oay)	, 193 / (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	e e	Jel HEREBY CERTIFY, That I attended	d dacaasad
DATE OF BIRTH (month, day, and year) /2-	11-48	I last saw h suis aliva on april 30 1931	4; death is
AGE Yaars Months	Oays If LESS than	to have occurred on the data state above, at 4.30 m.	
85 3	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Date of o
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	-40		
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	Jan .	Um. Pryo cardeal Risia	191
work was dona, as SILK MILL, SAW MILL, BANK, etc.			
10. Data decaasad last worked at this occupation (month and yaar)	11. Total time (yaars) spant in this occupation		
BIRTHPLACE (city or town) Ohula (State or country)	lelplum	Other Contributory Causes of importance:	
13. NAME Rolfel	llar		
14. BIRTHPLACE (city or town)	0	Name of operation Date of	
(Stata or country)	and .	What test confirmed diagnosis? Was thara an	
15. MAIDEN NAME mung and	Cain	23. If daath was dua to axtarnat causas (VIOL ENCE) fill in also tha following	ng:
16. BIRTHPLACE (city or town)	el-	Accidant, suicide, or homicide? Oata of injury	, 19
(Stata or country)	0	Whera did injury occur? (Specify city or town, county and St	ate)
INFORMANT Celies Stac (Addrass) But h	Tashington	Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
BURIAL, CREMATION, OR REMOVAL	Mrs. a.	Manner of injury	
Place Commy Mann Oa	te May 24, 1934	Nature of injury	
UNDERTAKER Dean Y Josh	w	24. Was disease or injury in any way ralated to occupation of deceased?	کدی
(Addiess) Belan	ma	If so, specify	
FILEO May 23, 1954 Digin	. 4. (1) - 1	(Signad)	- 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE FU	REURIHER	STATEMENTS	15 1	PHYSICIAN

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	141
County Dayford	Registration Dist. No. 185
Village or City Attack de Trace	No flave A frace A fraction St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma M. Cullium	
(a) Residence: No. Bush Charele	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH MALL 230 102 34
Sa If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSSAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Howard J. Cullium	May 21, 19 74, to May 22, 1934
6. DATE OF BIRTH (month, day, and year) 22 1901	I last saw h
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
6234 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Assistantial SAWYER, BOOKKEEPER, etc.	Human habburg
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the company of	- Worth fulfilles
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Otheritan
	Words
year) 1924 occupation 14 142	Other Centributary Causes of importance:
12. BIRTHPLACE (city or town) Harford av	
(State or country) Maryland	-
I 13. NAME Harry Hansl	
13. NAME Harry Hansl 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Express Debblis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
700 11 100 00	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	Specify whether injury occurred in thousant, in home, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mastegan Chargel. Date Mary 25, 1934	Nature of Injury.
19. UNDERTAKER Sterry Januing Jons	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Whichen Mid	If so, specify
20. FILED May 24 19 34 Charles I. Siley M. J.	(Signed) M.D.
Registrar.	(Address) Jake Many Many
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

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	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset

(Day)

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DURBAU V S	<u>\$</u>		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	item of infor-	s should state	of OCCUPA-	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	· mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	PERMANENT	EXACTL	rly classified.	ate.
ED FOR	HIS IS A	be stated	be proper	of certific
RESERVI	G INK-T	GE should	hat it may	ns on back
ARGIN	H UNFADIN	supplied. A	in terms, so t	See instruction
	NLY, WITH	be carefully	ATH in pla	mportant.
V. S. No. 1	WRITE PLAI	ation should	AUSE OF DE	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—		0	I

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
County Harford	Registration Dist. No.
Village or City Perryman	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 3.0 yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Una D. Tray	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Noy 6 1934
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of -	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Richard Tray	Jan 10 1933 to May 6 1934
6. DATE OF BIRTH (month, dey, end yeer) Lane. 15, 1847	liast saw h LV alive on May 1934; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, etm.
87 3 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc. W. 1	DI J
work was done, es SILK MILL, SAW MILL, BANK, etc.	Corrone laterilar
0 10. Dete deceased last worked at 11. Totel time (years)	mostoriero
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town). Courtland	Other Contributary Causes of importance:
(Stete or country) Urania	-
13. NAME Ported	
13. NAME Ported 14. BIRTHPLACE (city or town) April Brow	Name of operation.
(State or country) Dout know	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Dout know	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Aut know 16. BIRTHPLACE (city or town) A out know	Accident, suicide, or homicide? Dete of injury, 19
E (Stete or country) Don't know	Where did injury occur?
17. INFORMANT Mrs. Basic Thompson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perryman md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Calvary Cumity Date May 87,7934	Neture of injury
19. UNDERTAKER Stoney Tarring Stones	24. Was diseese or injury in eny way releted to occupetion of deceased?
(Address) akurdyan M.A.	If so, specify
20. FILED 5 - 8 19 34 - OC Mueliael	(Signed) M. D.
Registrar.	(Address) Jarry much the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. E	j.,		
Other contributory causes of importance:	~ ~	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No. Village or City. (a) Residence: No. Village of selection in a horpital or institution, give its NAME intend of treest and aumber?) As More long in U. S. If of freeligh birth? Village of shock? Village of shocks occurred. (a) Residence: No. Village of shocks? Village of shocks. Villag	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Laugth of residence in city by toyn where death occurred (a) Residence: No. (b) Mark (a) Residence: No. (c) Mark (a) Residence: No. (c) Mark (d) Residence: No. (e) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (1. PLACE OF DEATH / /	(108)
Village or City Laught of residence in city by toyn where death occurred As PERSONAL AND STATISTICAL PARTICULARS S.I., Ward. If owners in a hospital or institution, give its NAME instead of roset and number) A. COUR OR RACE S. INSTANCE S. INSTANCE S. INSTANCE A. COUR OR RACE S. INSTANCE S. IN	County Vtantole.	Registration Dist. No. 180
Laugth of residence in city of town where death occurred		NoSt.,Ward
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COOR OR RACE 9. SINCLE MARRIED, MIDOWED 3. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 7. AGE Years Months 19 11 It ESS than or min. 19 21 It ESS than or min. 22 It LESS than or min. 23 Index profession, or particular or min. 24 It LESS than or min. 25 Index years of months, day, and year or min. 26 It LESS than the day stated ebove, et. or min. 27 Index years as SILK MILL. 38 It LESS than the day stated ebove, et. or min. 39 Index years as SILK MILL. 39 Index years as SILK MILL. 30 It LESS than the day stated ebove, et. or min. 30 It LESS than the day and year or min. 31 It LESS than the day and year or min. 32 It LESS than the day and year or min. 34 It also years of months or min. 35 Index years as SILK MILL. 36 MILL, BARK, et. 36 It It also years of months or min. 37 Index years of longortance: 38 It A AMBE 40 It Total time (years) of years or min. 39 It It is a sild of years done as SILK MILL. 38 MILL, BARK, et. 39 It It is a sild of years done as SILK MILL. 38 MILL, BARK, et. 39 It It is a sild of years done as SILK MILL. 38 MILL, BARK, et. 39 It It is a sild of years done as SILK MILL. 39 It Is A AMBE 41 It Is a sild years of limportance: 41 It Is a sild of years done and years of limportance: 42 It A BIRTHPLACE (city or town). Was years of limportance: 43 It A BIRTHPLACE (city or town). Was years of limportance: 44 It Is BIRTHPLACE (city or town). Was years of limportance: 45 It Is a sild of years of years of limportance: 46 It Is a sild of years of years of limportance: 46 It Is a sild of years of years of limportance: 47 It Is a sild of years of years of limportance: 48 It Is a sild of years of years of limportance: 49 It Is a sild of years of limportance: 40 It Is a sild of years of years of limportance: 40 It Is a sild of years of years of years of years of years of limportance: 40 It Is a sild of years of years of years of ye	(If	
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX Walk 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED/Fromic the word) OR D	2. FULL NAME A WAR CHARACTER	11 with
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEDON Agent the word) OR		
3. SEX MONTH 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVIDED OR DIVORCED or with the word) 5. If married, widowed, or divorced ((a) WIFE of ((b) WIFE of ((c)) WIFE of ((a) WIFE of ((b) WIFE of ((b) WIFE of ((c)) WIFE of ((b) WIFE of ((c)) WIFE of ((d))		
Sa. It married, widowed, or diversed HUSBAND or diversed HUSBAND or diversed HUSBAND or deep to the process of	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	May 20 193 4
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) MW 13 - 19 14 7. AGE Years Months Days II LESS than 1 day, https://or.min.sor.m	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. Nere as follows: Date of anset Date of anse	(or) WIFE of	122. Well 2/a 1034 Well 30 10.74
T. AGE Years Months Days If LESS than I day. hrs. or. min. Name of operation. Saffyre, Bookseepflow, as SPINNER, SAFFYER, BOOKSEEPFR, etc. 12. BIRTHPLACE (city or town) Was been an european of the date stated above, et S. 2. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of consett Date of consett Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Was there an europsy? 13. NAME 14. BIRTHPLACE (city or town) Was there an europsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Natur	Mar 13 - 1914	1 1/2 401 411
Trade, profession, or particular were as follows: Trade deceased last worked et al. Trade, profession, or particular were as follows: Trade of orders were as follows: Trade, profession, or particular were a		1-4
Date of onset Strade, profession, or particular kind of work done, as SPINNER, SAWNER, BOOKKEPR, etc. State of onset kind of work done, as SPINNER, SAWNER, BOOKKEPR, etc. SAWNER,		The PRINCIPAL CAUSE OF DEATH and related causes of importence
Sindustry or business in which was done as SILK MILL, SAW MILL, BANK, etc.	Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. Who Extraction (Address)	SAWYER, BOOKKEEPER, etc.	100
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	20. FILED June 2, 19 34 Fred Morloh	100 MILLION

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage . Bi R -	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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IS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.	
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3WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in I	TION is very important.	
z	((-	1	

	County Harford	EIN CORPOR	# 8-% - b - 4- -bd-4-% - R- +3- +	Registration Dist.	No. 18	5
	Village on City Havre de Grace	ce,	NoNoNospital or institute of the control of the contro		_St	Wa Wa
	Length of residence in city or town where death occurredy		ds. How long In U.S.if			
2.	FULL NAME Lulle M. 20	une	e.			
1	(a) Residence: No. (Usual place of abo	ode)	St., Ward.	If nonresident give o	ity or town and	State
	PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL C	ERTIFICATE OF	DEATH	
3. S	OR DIVORCED (wn	ite the word)	21. DATE OF DEATH	May	10	193
5a.	If married, widowed, or divorced	-ca		(Month)	(Day)	(Yeer)
	(Or) WIFE of Robert Himes	·.	22. MIHEREBY	Y CERTIFY I	hat I ettended	deceased fi
6. D	DATE OF BIRTH (month, dey, end year) June 29-	1873	I last saw K. A. elive on	Amon 101	1939	; death is s
7. A	GE Years Months Deys I	If LESS than	to heve occurred on the date stet		m.	
		ley,hrs.	The PRINCIPAL CAUSE OF DEA were es follows:	TH end related ceuses of i	mportance	1-5
z	8. Trede, profession, or perticuler	. 1				Data of on
PATION	kind of work done, as SPINNER, House	nte	Charle	Tehlin	too	
JPA	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	V	Toba	Porus	munic	d
DUUO		aare)				-
0	10. Date deceased last worked et this occupetion (month and yeer)	his				-
			Other Contributory Causes of Imp	ortance:		
12.	BIRTHPLACE (city or town) (Stete or country)	1			g	
ER	13. NAME St. Stafelison,	mo.	Cardia	ici lack	usc	
T I	IS, WAINE AT					
FAT	14. BIRTHPLACE (city or town) (Stete or country)		Neme of operation		Dete of	
		vina.	What test confirmed diagnosis?		. Was there an e	eutopsy?
MOTHER	15. MAIDEN NAME M. Sarley.		23. If death wes due to externel ca			
Ş	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Dete o	f Injury	, 19
	(Stete or country)	ma.	Where did injury occur?	(Specify city or town,	county and Stat	
17. I	(Address) Have de sra	rerud.	Specify whether Injury occurred i	n INDUSTRY, In HOME, o	r In PUBLIC PL	ACE.
18. I	BURIAL, GREMATION, OR REMOVAL	12 0	Manner of injury			
	Place augel Full Date. Mary	12,1934	Nature of injury			
19. ا	UNDERTAKER Temingtary	mi	24. Wes diseese or injury in any v	vay related to occupation	of deceased?	2
20. 1	FILED May 13 1934 Color 1 Fol	ey m. D.	(Signed)	arles &	foli	7N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Day) CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset ----- Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Nature of injury______ 24. Was disease or injury In any way related to occupation of deceased? Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Ho. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example 1	11 11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

05053

1. PLACE OF DEATH	97)
County Harford	Registration Dist. No. 185
111	No. Stave de Frau Hoyald St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stenny H. Hollingsw	with he
(a) Residence: No. Allerynum had (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
(00) HIE of Statlie Bell.	Jor. 22 - 1934 to May 18 - 1934
6. DATE OF BIRTH (month, day, and yeer) Nov. 13 -1850	I last saw haseen alive on May 17 mm, 1934; death is said
7. AGE Years Months Days If LESS then I dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows: Data ol onsat
SAWYER, BOOKKEEPER, etc. Day Laborer	Heimton Due to
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	foed ago
11. Total time (years) SAW MILL, BARN, etc. 10. Date deceased last worked at this occupation (month and 1932) Spent in this occupation (years) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) Harford Cov (Stete or country)	Other Contributory Causes of importance:
- I I I I I I I I I I I I I I I I I I I	Cartino Exthenolise
14. BIRTHPLACE (city or Jown) Harford &	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an au'opsy?
16. BIRTHPLACE (city or town) Harford Co	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mr. Engy Bing fold (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Urum M. 2 Censy Date May 2/, 1934	Neture of injury
19. UNDERTAKER Genry January Jorns (Address) Jahrender Had	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED May 20 , 634 Charles & Toley m. D. Registrar.	(Signed) Armes 36 / Day M. D. (Address) Horn por guess had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example 11		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUDGAU V. S.				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADI V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 0505
1. PLACE OF DEATH	92:00
County A argord	Registration Dist. No. / O /
Village or City 0 Zevel	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2) /	sds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME STOSELY E, Kr	nght
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colon or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May /4 ,193 (C) (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I ottended deceased fro
(or) WIFE of	aug 15 ,1933, to may 1 , 1934
5. DATE OF BIRTH (month, day, and year) Jan 1 / 1868	I last saw hun alive on May 10 1, 193 X; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 5 14 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of ones
8. Trade, profession, or particular kind of work done, as SPINNER Pole Dealer SAWYER, BOOKKEEPER, etc.	0 0 1
SAWYER, BOOKKEEPER, etc.	Corelina Juner Mag
9. Industry or business in which work was done as SILK MILL, elef hone Poles SAW MILL, BANK, etc.	,
10. Oate deceased last worked at 1 11. Total time (years)	
this occupation (month and 1927 spent in this occupation spent in the spent in this occupation spent in the spent i	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Darlington (State or country)	Other Courtbury Causes of Importance.
10001	Name of operation Oate of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Martina Q. Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Martina J. Smith 16. BIRTHPLACE (city or town) Darlington (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT James Thinight (Address) La arlinator md,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SREMATION, OR REMOVAL Compate May 17, 1934	Manner of injury
19. UNDERTAKER D. S. Bailey (Address) 19. arlington, Mrd.	24. Was disease or injury in any way related to occupation of deceased? 16
20. FILEO May 14, 1934 Bertha B. Kright Registroft	(Signed) f According M. (Address) Darlanger
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUNE 5 (SOF	j.	(
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	May 1,1923	The state of the s	1

ADDITIONAL SPACE FOR F	URTHER STA	ATEMENTS I	BY	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

	CERTIFICATE OF DEATH 05055				
1. PLACE OF DEATH County Harford	Registration Dist. No.				
Village or City Havre de Prace R. F. B.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of rasidenca In city or town whera daath occurred 35 yrsmos.	ds. How long in U.S. if of foraign blrth?				
2. FULL NAME Problem H. Lilly					
(a) Residence: Np. Lend (Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Male Market Market	21. DATE OF DEATH May (Month) (Day) (Year)				
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFF of	22. I HEREBY CERTIFY, That I attended deceased from				
EDITE OF BIRTH (mark) August Like 19 50					
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at 10 1/50 m.				
73 8 - 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance				
1 18 Trada profession or particular	Date of onset				
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at Total time (yaars) this occupation (month and	Miones Myscordus				
work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Date daceasad last worked at the this occupation (month and year) 11. Total time (years) spent in this 55 years occupation	www. Jupipules				
12. BIRTHPLACE (city or town) Harford Co	Other Contributory Causes of importance:				
(Stata or country) Maryland					
13. NAME James A. Dilly					
13. NAME James A, Billy 14. BIRTHPLACE (city or town) Harfurd En (Stata or country) Thirty Land	Name of operation Date of				
	What tast confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Sallis Dines 16. BIRTHPLACE (city or town) Harford Cor (State or country)	23. If daath was dua to external causas (VIDL ENCE) fill in also the following: Accident, suicida, or homicide?				
(State or country) Marsant	Whera did injury occur?				
17. INFORMANT Mrs. Sarah E, Lilly (Addrass) Sarre de Drove 10 15 12.	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Const	Manner of injury				
Place Much Surger Date May 47, 1927	Natura of injury				
19. UNDERTAKER Henry aring Sons (Address) affinair Ind	24. Was disease or injury in any way related to occupation of deceased?				
20. FILED May 24, 1934 Bertha B. Knigh	(Signed) M. D. (Address) Assacra Assacra				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	\$ A			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

PHYSICIANS

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY,

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05056
1. PLACE OF DEATH	
County Hauford	Registration Dist. No. 18/
Village or City allerdeen R. F.D.	NoSt.,Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,yrs,yrs,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dettle W. Imag	
(a) Residence: No. But Carp. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (wire the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	, , , , , , , , , , , , , , , , , , , ,
HUSBAND of (or) WIFE of	22. MAN B BY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Fich. 11 - 1933	I last sew h melive on 1131, death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date steted above, at 21.5.2
3 \ \(\text{or} \\ \text{or} \	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	. Date of onset
6 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
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IO. Date deceased lest worked et this occupation (month end year) 11. Total time (years) c spent in this occupation	
12. BIRTHPLACE (city or town) Anytout Cor	Other Contributory Causes of importance:
(State or country) margland	Jale, striking
13. NAME (gandell Long)	absoner
T Plant	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Matdilda Agricy. 16. BIRTHPLACE (city or town). Hardred Control	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Americal	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mar. Bandell Long (Address) Bland M. I.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mance Carely Date May 19, 1934	Nature of injury
19. UNDERTAKER Senry Janing Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jakangen Md	If so, specify
10 51150 May 17 19 20 Of Muchael	(Signed) M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05422
1	1. PLACE OF DEATH	92-00
) /	County Harbord	Registration Dist. No. 180
1	Village or City Oaberdeen P. D.	No. St Ward
	(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1	2. FULL NAME Samuel Bryon Mit	7- 1-00
		cuice_
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX Male 4. COLOR OR RACE OR DIVORCED (purite the word) Married Married	21. DATE OF DEATH May 13 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clice V. Wakeland	22. I HEREBY CERTIFY. That I attended deceased from
te.	6. DATE OF BIRTH (month, day, and year) September 19-1807	I last saw harmalive on North 4 , 1934; death is seid
certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Jo	Trade, profession, or particular kind of work done, es SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	· Chouse Valoulen bies
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	of head
no si	10. Date deceased last worked et this occupation (month and returned spent in this occupation (cupation)	
instructions	12. BIRTHPLACE (city or town) Calvary (State or country)	Other Contributory Causes of importence:
nstr	# 13. NAME (Kohert R. Mitchell	
See	14. BIRTHPLACE (city or town) Calvary (State or country) Mary Saud	Name of operation Date of
nt.	15. MAIOEN NAME Cirarilla Harrisus	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIOEN NAME Crarifla Hawkins 16. BIRTHPLACE (city or town) Louist Hill (State or country) Marula A	Accident, suicide, or homicide? Date of injury, 19
very im	17. INFORMANT Oleita Mitchell Mc Commons (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is.	18. BURIAL, CREMATION, OR REMOVAL Place Caliary Date May 15, 1934	Manner of injury
TION	19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify
1	20. FILED May 14, 1934 Jade moulok	(Signed) M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-		[03013030]	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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should state

OCCUPA-

of

V. S. No. 1

1. PLACE OF DEATH County Harford Village or City Yan Bibben Edges Length of residence in city or town where death occurred yrs. 2. FULL NAME Mrs Make El	ND—CERTIFICATE OF DEATH Registration Dist. No. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. Riderous If nonresident live city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	OWED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
277 1day	SS than to have occurred on the date stated above, at 12 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) Kentucky (State er country)	Possible Cornary Occlusing Date of onset
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) unknown (State or country)	Name of operation Oata of What test confirmed diagnosis? Labertus Was there an autopsy?
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN 17. INFORMANT C. T. Mittinger. (Address) 1632 Durham St. Balt	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide?
(Address) 1032 Durham St, Balt 18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery 5-30	0, Md Manner of injury Nature of Injury
19. UNDERTAKER George J. Ruth, (Address) Baltimore, Md. 20. FILEO May 27, 19. Fred Morlok	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(D) UD
County Harfant Co	Registration Dist. No. 182
Village or City & Bel Cu Mid	No. St., Ward
2/ ()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME da Viley	
(a) Residence: No. Oselan Ana	St., Ward.
(Usual place of aboth) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Secule White OR DIVORCED (write the word)	(Month) (Day) (Year)
51. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Max 2 - 1861	I lest saw h. E. alive on horas 34, 1924; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5-7-4 m.
73 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Houseloufe	Carebral Embolism
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and the control of	
O 10. Date deceased last worked et this occupation (month and spent in this occupation occupation	
AL. I	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town) Algebrasian (State or country)	Cardio Vascerlas
13. NAME - albert	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
17. INFORMANT James Riley (Address) Roll 44	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ast Jun Date June 1, 1934	Neture of injury
19. UNDERTAKER Deau & Fall	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Seller Mid	If so, specify
OR THE VILLAR I TO 24 HILLS THE TO SEE THE SEE	(Signed) Lessell To Application M. D.

(Address) __

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS B	YF	PHYSICIAN
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OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05059
1. PLACE OF DEATH	(3)
County Hartord	Registration Dist. No. / 8 1
Village or City Bel air	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillow Rutkou	MP;
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. color or race 5. single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH May 5-18 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE ot	1 HEREBY CERTIFY, That I attended deceased from May 5 1934, to May 5 1934
6. DATE OF BIRTH (month, day, and year) May 57, 1934	Hack sow h That he was still-bound death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
STill-born 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Premature both
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) T3el air Maryland (State or country)	Other Contributory Canses of importance: Mother Took a long
13. NAME Frank Joseph Rutkowski	drive-
13. NAME Frank Joseph Kutkowski	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Of WE TBlanch Noonan 16. BIRTHPLACE (city or town) Hartord Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
m. 40 1 h	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / 17. Thought from the content of the	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 RIIDIAI - ODEMATION OF DEMOVAL	Manner of injury
Place at Home Date May 5, 1997	Nature of Injury
19. UNDERTAKER Azone	24. Was disease or injury in any way related to occupation of deceased?
20 FILED May 2 1934 ME Richardson	(Signed) a. t. Vaut Itter M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
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Chronic interstitial nephritis	1921	Run over by str	rect, car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	BUREAU V. b.	3 days ago
			SEGLE NAT	
Other contributory causes of importance:		Other contrib	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

pe

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

N. B.-

	STATE OF MARYLAND-	CERTIFICATE OF DEATH 05060
1.	PLACE OF DEATH	n a constant
	County Starford	Registration Dist. No. 184
	Village or City Prospect	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrs,mos.	121
2.	FULL NAME Mac & carboro	ugh
1	(a) Residence: No. (Usual place of abode)	St., Ward. If oonresident give city or town and State
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SI	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 14 , 1984
5a. I	f married, widowed, or divorced	(Month) ' (Day)' (Year)
	HUSBAND of (or) WIFE of May 1, 1934	22. 1 HEREBY CERTIFY. That I attended deceased from May 9 th, 1934, to May / 3th, 1934
6 D	ATE OF BIRTH (month, day, and year)	i lest saw han alive on Many 13th 1 1934; death is said
7. A		to heve occurred on the data stated above, at \$-@//m.
	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importanca
z	8. Trade, profession, or particular	Ordhunga Contracted Date of onset
OCCUPATION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	from Mother of time
PA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	At birth
	SAW MILL, BANK, etc	<u> </u>
ŏ	this occupation (month and None spant in this money pear)	Į- <i>U</i>
12 1	BIRTHPLACE (city or town) Prospect	Other Contributory Causes of importance:
12. 1	(State or country) mn d	
23	13. NAME LOS PEROL & Carlorange.	
FATHER	14. BIRTHPLACE (city or town) Proplect	Name of operation Date of
T	(State or country) Farly Co. mg	What test confirmed diagnosis? Was thara an autopsy?
ER	15. MAIDEN NAME CILTA ON	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Delta	Accident, suicide, or homicide? Data of injury 19
×	(Stata or country)	Where did injury occur?
17 1	NFORMANT LOSSIFIEME & Carloron	(Specify eity or lown, county and State) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Stut mg	
18. E	BURIAL, CREMATION, OR REMOVAL Com man 12 30	Manner of injury
	Placa Part Product Date 10,1934	Nature of injury
19. 1	INDERTAKER A 18, Bailey	24. Was disease or injury in any way related to occupation of deceased?
	(Addiess) Darlingtof ma	If so, specify
20, F	May 14 1934 J. J. me hable	(Signed) M. D.
	Registrar.	(Address) - O and I ma

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	1506
1. PLACE OF DEATH	-	93-2	4
County My ou ford	11 /-	Registration Dist. No.	f
Village or City	sunglo	NoSt.,	mber)
Length of residence in city or town where o			
2. FULL NAME A mm	, B. Sel	Le	
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST		If nonresident give city or town and Str	aic
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3/ (Day)	193 3 Y
5a. If married, widowed, or divorced HUSBAND of (or) WHE of	Selle	22. JI HEREBY CERTIFY, That I attended dec	ceased fro
6. DATE OF BIRTH (month, day, and year)	1. 25 1857	I last son Mire alive on Mary 30 1, 1924;	death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$1a.m.	
77 3	ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Merchant	0)	
9. Industry or business in which	04	myocadilis	
work was done, as SILK MILL, SAW MILL, BANK, etc.	tava are st	The first of	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	ra	
12. BIRTHPLACE (city or town) (State or country)	md. grace	Other Contributory Causes of importance:	
E 13. NAME Lames E,	delle		
13. NAME 1000 C 1 14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Date of Was there an auto	onsv?
# 15. MAIDEN NAME Cathol	ine moon	23. If death was due to external causes (VIOLENCE) fill in also the following:	0,00,
16. BIRTHPLACE (city or town) (State or country)	reand.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT MAN MAN (Address)	J. Bringer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Carry 1	Manner of injury	
Place & areing ton	Date : 1171.2., 19.27	Nature of injury	
19. UNDERTAKER ALL BY (Address)	alley my	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED 2 200 19 7 777	in him	(Signed) Address Address Address Address	м.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(G)
County Hardood	Registration Dist. No. /8 2
Village or City Bellin	No. St., Ward
Length of residence in city or town where deeth occurred. Here most	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John &	eaulhan
(a) Residence: No. /3/ (Usual prace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Juile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carriethe word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (a) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year May 75, 1884	I lest sew h Less elive on
7. AGE Years Months Oays If LESS then I day, hrs.	to heve occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, es SPINNER CONSTITUTE SAWYER, BOOKKEEPER, etc. O CONSTITUTE	Strangulation in but site
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	1 cood around nick
10. Date deceesed lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city of town) falford to Wal.	Other Contributory Causes of importance:
13. NAME Thos Mayallan	
4 14. BIRTHPLACE (city or town) (Stele or country)	Neme of operation
15. MAIDEN NAME	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Stared Date of Injury Way 14, 19.3 4 Where did injury occur? Bellan Starped Co. 2009
17. INFORMANT A Shankhan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place & House Cens Dete May 19, 1994	Menner of Injury Strang Water by Back Roke Cy Nature of Injury Strang Water by end arms
19. UNDERTAKT A SURGERY & GOSTO. (Address) Bluso & Jule.	24. Was disease or Injury In any way releted to occupation of deceased? No med
20. FILEO May 18,1934 n & Richardson Registrar.	(Signed) Chas. Mchardon M. O. (Address) Delan M.O.
The many blanks are made at the Company	NOLL C. P.L. P. GLON

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		MEDIAL SEE	
Other contributory causes of importance:	- L.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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W	7	S IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-	
		item	shou	o jo	
		Every	CIANS	tement	
		CORD.	PHYSI	et sta	
	n b	VT RE	LY.	. Exa	
	FOR BINDING	MANE	ACT	assified	
	BIN	PER	EX	rly cl	
	FOR	IS A	stated	prope	
	-	CO		-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Harford Co	Registration Dist. No. 182
Village or City Medhamchurille Well	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
3-1	mon
(a) Residence: No. Muchanics Will (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 25 , 193 44 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Doyle	22. I HEREBY CERTIFY, That I attended deceased from 100 15, 1933, to 710 Cey 75, 1937
6. DATE OF BIRTH (month, day, and year)	I last saw how aliwe on Mass 24 10 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11 45 Pm.
1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
S. Hade, professing, or particular, or particular with the following of the profession of the professi	willred Hemonstry
work was dona, as SILK MILL, Secural Store	V
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Seland (State or country)	Other Coatributory Causes of importance:
13. NAME Sand Shannon	
13. NAME Sand Shamor 14. BIRTHPLACE (city or town) (State or country)	Name of operation
The state of the s	What test confirmed diagnosis?
15. MAIDEN NAME Hallers Soyle 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicida?
(State or country) Treland	Where did injury occur?
17. INFORMANT Kathering Shannon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It I greatures Date May 28, 1934	Nature of injury
19. UNDERTAKER Seam & Jules	24. Was disease or injury in any way related to occupation of deceased?
(Address) Osel Cin In a	If so, specify
20. FILED May 27, 1994 Jusquila Shamlers Registrar.	(Address) Order Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		H WOL T NOG	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

()	000	PLACE OF DEATH	STATE OF MARYLAND
7	N Z X	Afo, land	CERTIFICATE OF DEATH
0	1 2 1	County	(NCE)
0) × 0 \		Registration Dist. No. 18 2
0	O Fis	Village or City Hornsvelle Md (No.	C4 337 ID (74 3 41
R	OR AC las	Village of City	St.: Ward) (If death occurred in a hospital or institu-
,	EX y ol	100000000000000000000000000000000000000	alon, give its NAME in-
	RE de la surjon de	2 FULL NAME CHIMA Yours	L Mlog V - Lumber,)
	Tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH /
1	p s		16 DATE OF DEATH
	be be k	MARRIED, The	Mas - 14 = 10034
	MA ald ay	Tour al Whete OR DIVORCED	(Month) (Day) (Year)
0	# 981	(Write the word)	17 I HEREBY CHRTIFY, That I attended the deserved from
7	PE sh	6 DATE OF BIRTH	May - 13th 1934 to May 14th 1934
7	A mater	May - 132 93.L	134 5/1
3	SACH	(Month) (Day) (Year)	that I last saw hand alive on Meg
ш	Soon	7 AGE II LESS than	and that death occurred on the date stated above, at 101
OR	1 00 11	l dayhrs.	The CAUSE OF DEATH & was as follows:
F	H BEE	yrsmosds.or min.?	expenses deficult labor
0	1 200	8 OCCUPATION 7	with Boroks deliver.
Ш	N S S	(a) Trade, profession or particular kind of work.	
R	fuir int	(b) General nature of industry	V
11	INC n rta	business, or establishment in	
II)	O E	which employed or (employer)	Contributory Same
K	A OFE	9 BIRTHPLACE (State or country)	Secondary
Z	Z WE S	riang galla -	Dyration)
Ü	- = 0	10 NAME OF 1 A MARCH NAME OF 1	(Signed) Valle Hallo Kius (10 M.D.
K	H con	water mons swort.	Me (11 31 Freen one of
N	S S S S S S S S S S S S S S S S S S S	11 BIRTHPLACE OF FATHER	- May 7. 1997 (Address) C. Maria
	S S S S S S S S S S S S S S S S S S S	(State or country) / Try laled -	*State the Discase Couring Death, or, in deaths from Violent Causes, state (1) Ideans of Injury: and (2) whether
	NOS X	2 12 MAIDEN NAME OF MOTHER ?	Accidental, Suicidal or Heinicidal,
	ZES	1 / laour / lacohe Husberger	18 LENGTH OF RESIDENCE (For Hospitals, Institution, Trees- ients, or Recent Peridents)
1	200	13 BIRTHPLACE OF MOTHER OF	At place In the
	2	(State or country) / larey land	of death yrs mos da. St te, yrmos. da.
	m 0 50	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	SIT sho	Allatte a Surella	Former or
	No in	The state of the s	usual residence.
	AN	(Address) Laun mr. 79	19 I LACE OF BURIAL OR REMOVAL PATE OF BURIS
#i	Sta	(Address)	Jawn Joore M. J. Gemeter Mes - 16 132
No		Filed May 16 192 4	20 UNDERTARDE / / ADDRESS /
202	0	Registrar	MA Well tom /2 m
D	ライ)		VI-O 1 . VODO V OULENO LOSE V)
	(')	if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

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x + 11 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Lay For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,")

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the "Dropsy." "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal use of "Tumor" for malignant neoplasms); Measles; train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inunition." "Marasmus," "Old Age," "Shock," vulsions," eausing stated unless important. inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite discase (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; (name origin; "Caneer" is less definite; avoid FOR VICIENT DEATHS STATE MEANS OF INJURY denth). 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Meastes failure." The contributory "Coma," "Haemor-(second-(disease (mcrely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- ily supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPA- See instructions on back of certificate.
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TH UNFADING INK—THIS III Supplied. AGE should be plain terms, so that it may be See instructions on back of
ITH UNFADING INK—T Ily supplied. AGE should plain terms, so that it may See instructions on back
TH UNFADING IN Ily supplied. AGE s plain terms, so that it See instructions on
ITH UNFADING Ily supplied. AG plain terms, so th
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	County	Hal	rford			Registration Dist. No	8 9
	Village or City		npowder	(10		St. Studion, give its NAME instead of street of foreign birth?yrs.	
2	FULL NAME (a) Residence: No	L11	oyd A W	•		Balto Md If nonresident give city or town	
	PERSONAL	AND STATIST	TICAL PART	TICULARS	MEDICAL	CERTIFICATE OF DEAT	H
3. S	Male	White	5. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH	May 24 134 (Day)	, 193 (Year)
5a.	If married, widowed, or HUSBAND of (or) WIFE of	Ruth	Hobbs			Y CERTIFY, That I atte	
6 Г	OATE OF BIRTH (month	day and year)	July 3 1	906	I last saw halive on	, 19.	; death is sa
7. A		Months 10	Days 21	If LESS than I day, hrs. ormin.		ated ebove, at 12;15m.P. IV	
ATION	9. Jadustry or busine	(KEEPER, etc ss in which	Salesi	nan			
OCCUPATION	work was done.	, as SILK MILL, NK, etc worked et (month and	SI	l time (yeers)	Drowning		
12.	BIRTHPLACE (city or to (State or country)	• / / ·		0	Other Contributory Causes of Im	portance:	
2	13. NAME Th	los A Wae	esche				
FATHER	14. BIRTHPLACE (city (State or count		Bal	Lto Md	•	Date	
MOTHER	15. MAIDEN NAME Edne, E Tillson 16. BIRTHPLACE (city or town) Balto Md				23. If death was due to externel of Accident, suicide, or homicide?	causes (VIOLENCE) fill in also the foll	lowing:
	(Stete or count	-	Warsche	and the same of th		(Specify city or town, county an in INDUSTRY, in HOME, or In PUBL	d State) IC PLACE.
18.	BURIAL, PREMATION	//	////	ay 27,1934	Manner of injury		
19.	UNDERTAKER 6		el Asio	W. Balle		wey releted to occupation of deceese	dry 10

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	V. S. NO. I	ARGIN RESERVED FOR BINDING	ED	FOR BINDING	•
ż	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOF	TH UNFADING INK-	r HIS	IS A PERMANENT	RECOF
1	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	lly supplied. AGE should	d be	stated EXACTLY	. PH
T	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	olain terms, so that it ma	y be	properly classified.	Exact :
1	TION is very important. See instructions on back of certificate.	See instructions on bac	k of	certificate.	

V. S. No. 1

1. PLACE OF DEATH	RYLAND—	ISD (13)	05066
County Harford		Registration Dist. No. /8	4
Village or City Whiteford	(1)	NoSt.,_ f death occurred in a horpital or institution, give its NAME instead of street an	War d number)
Length of residance in city or town where daath occurred	yrs,mos	sds. How long In U.S. if of foraign birth?yrs	.mosd
(a) Residence: No. Whitefor	sony, diage of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
M White OR DIVO	ARRIED, WIO OWED, RCED (write the word)	21. DATE OF DEATH May (Month) (Day)	, 193.44 (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Clayabett V. Be	nnington	22. I HEREBY CERTIFY, That I attended to the standard of the s	
6. DATE OF BIRTH (month, day, and year) 37. AGE Years Months Days	1 1859 If LESS than	to have occurred on the stated above, at 5	
75 3 4	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	ner	nephritis and right	
work was dona, as SILK MILL, SAW MILL, BANK, etc	al tima (years)	Manuplegas	
	spant in this of Ogeneration occupation	Other Contributary Causes of Importanca:	
13. NAME Micheol Who 14. BIRTHPLACE (city or town)	teford		
(Stata or country)	ma	Name of operation Oate of	
15. MAIOEN NAME Jugustine 16. BIRTHPLACE (city or town) Street,	emd,	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide? Data of injury	
17. INFORMANT Micheel Wy (Address) Whileford	Inteland mid	Whare did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC F	late) PLACE.
18. BURIAL, CREMATION, OF REMOVED. Place Stole Judge Oate M.	Day 7 . 1834	Manner of Injury	
19. UNDERTAKER Hubert Sto (Address)	Theirs	24. Was disaasa or injury In any way ralated to occupation of deceasad?	no.
20. FILEO Mary 5, 1934) L. L. M	re nabb Registrar.	(Signed) A G Strifus	M.

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DESPERU V. S.			
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